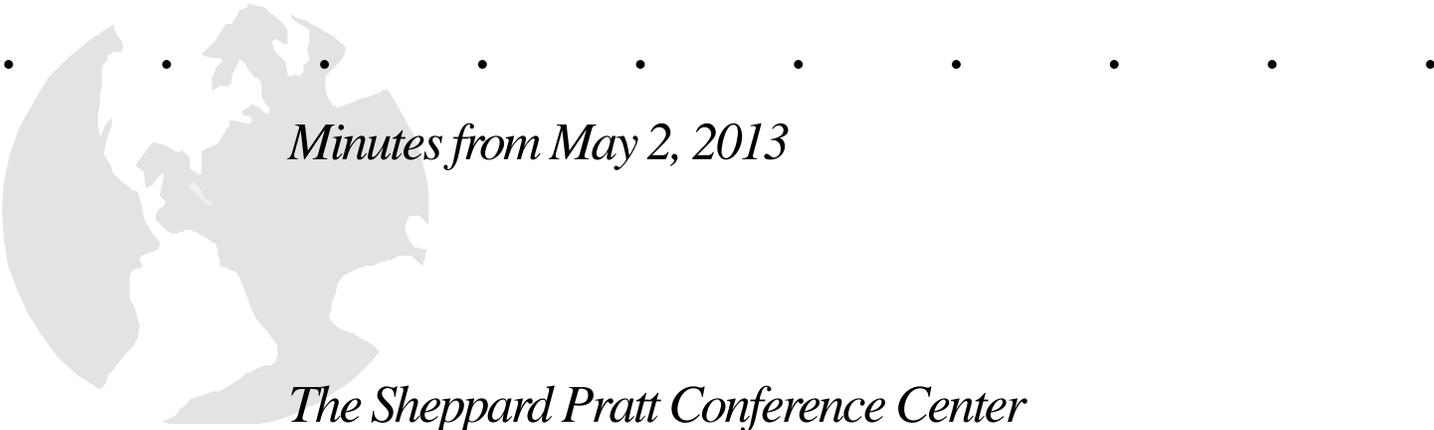




Maryland Pharmacy Program PDL P&T Meeting



Minutes from May 2, 2013

The Sheppard Pratt Conference Center



Maryland Pharmacy Program PDL P&T Meeting

Minutes- May 2, 2013

Attendees:

P&T Committee

Marie Mackowick (Acting-Chairperson); Ester Alabi; Sharon Baucom; John Boronow; Zakiya Chambers; Helen Lann; Evelyn White Lloyd; Ryan Scott Miller; Brian Pinto; Anna Schor; Karen Vleck; Jenel Steele Wyatt

DHMH Staff

Athos Alexandrou (Maryland Pharmacy Program Director); Dixit Shah (Maryland Pharmacy Program Deputy Director); Paul Holly (Consultant Pharmacist to Maryland Pharmacy Program); Sarah Rice (Assistant Attorney General)

Xerox

Karriem Farrakahan, PharmD

Provider Synergies/Magellan Medicaid Administration (PS/MMA)

Matthew Lennertz, PharmD

Proceedings:

The public meeting of the PDL P&T Committee was called to order by the Acting Chairperson, Dr. Mackowick, at 9:08 a.m. The meeting began with Dr. Mackowick explaining that due to the fact that the committee was recently appointed, no current chairperson existed but DHMH asked her to act as the chairperson for the meeting and the committee would elect a permanent chairperson at the end of the meeting. Following were brief introductions of all the representatives including the P&T Committee members, DHMH, Xerox, and PS/MMA. The Committee then approved the minutes from the previous P&T Committee meeting held on November 8, 2012.

Dr. Mackowick then asked Mrs. Rice to give a presentation on the Maryland Open Meetings Act. Mrs. Rice thanked the committee members for their service to the committee and informed the members that the Maryland Medicaid P&T Committee is subject to the Open Meetings Act. Mrs. Rice referenced the written statement within the meeting materials for closing a meeting under the Open Meetings Act and a new online training for members who would like to learn more about the act. The purpose of the act was to allow the public to observe the deliberations of their government when decisions are being made that are important to the public. Under certain circumstances it may not

be appropriate for the public deliberation on certain topics but to ensure transparency there is a set procedure for closing a public meeting. Mrs. Rice explained the circumstances in which the meeting may need to be closed and the procedure for closing the meeting.

Dr. Mackowick then asked Mr. Alexandrou to provide a status update on the Medicaid Pharmacy Program. Mr. Alexandrou announced the retirement of Alex Taylor at the end of the month and wished him a happy retirement. Mr. Alexandrou stated the importance of the Medicaid PDL which is in its tenth year and continues to save millions of dollars on prescription drugs thus allowing the State to manage costs without reducing covered services. The state still faces budget constraints and the governor is working diligently to eliminate any budget shortfalls for fiscal year 2013. The Committee was cautioned to work collectively to make recommendations that are safe, clinically appropriate and still fiscally responsible.

Mr. Alexandrou discussed the recent alignment of the P&T Committee selection process with other state boards and committees. All previous P&T Committee members were notified of the new process and were encouraged to apply. The end result of the new process was that eight new members were appointed to the Committee. Mr. Alexandrou thanked the eight previous members who were not selected to the new committee and indicated that they all received a letter from Secretary of DHMH Sharfstein, thanking them for their contributions to the P&T Committee and their service to the citizens of the State of Maryland.

Mr. Alexandrou re-iterated the mechanism to obtain a PDL prior authorization is less cumbersome than many other PA processes. Maryland Medicaid’s PDL provides more options than many other states and the private sector. The PDL is also accessible through Eprocrates. More importantly, prescribers are cooperating with the PDL and current compliance is over 94%.

The pharmacy hotline remains active averaging about 1100 calls each month with about 27% of them relating to the PDL. Mr. Alexandrou thanked the Committee for their dedication and commitment to serving the citizens of the State of Maryland.

Dr. Mackowick acknowledged that it was time for the public presentation period to begin. As customary, there is no question/answer period; pre-selected speakers have 5 minutes with a timer.

Name	Affiliation	Class/Drug of Interest
Deborah Profant	Teva	Copaxone
Justin Bakhsai, Chuck DiPaula	Novo-Nordisk	Victoza, Levimir, Norditropin
Jamie Heise	Shire	Lialda
Linda Posta	Astellas Pharma	Myrbetriq, Vesicare

Name	Affiliation	Class/Drug of Interest
Andreas Katsiaras, Mary Kate Reeves-Hoche	Sanofi, Sanofi Pasteur	Renvela, Sklice
Keyur Patel	Bausch & Lomb	Lotemax Gel
Amber Root	Actelion	Tracleer, Ventavis
Joan Zhang	United Therapeutics	Adcirca, Tyvaso
Maribeth Kowalski	Purdue Pharma	Butrans, OxyContin
Michael Masamitsu	Amgen	Neulasta, Neupogen
Craig Plauschinat	Novartis	Gilenya
Sunil Majethia	AbbVie	Androgel, Creon
Christian Merlo	JHU School of Medicine	TOBI Podhaler

Dr. Mackowick thanked the presenters for all their input. A presentation from Xerox, the claims processor, was delivered by Dr. Karriem Farrakhan. He indicated that 1290 new PDL PA requests were approved in the prior quarter (1st quarter 2013). The leading PA requests were for fibromyalgia agents followed by the analgesic narcotics, phosphate binders, stimulants, antipsychotics, anticonvulsants, sedative hypnotics, antidepressants, beta adrenergic agents and the insulins. The top ten comprise of 1195 approvals which is approximately 93 percent of new PA requests. Dr. Farrakhan also explained that one of the action items from the last meeting was to provide the number of PA requests and the number approved for the antipsychotic class which was provided in the report. Dr. Pinto asked for clarification as to how differences between the number of PA requests and PA approvals should be interpreted. Dr. Farrakhan explained that the difference accounts for PA denials. He further explained that for antipsychotics for children under ten years of age, the University of Maryland reviews the request and all other requests are reviewed by a Xerox psychiatric pharmacist. Dr. Pinto asked how the communication occurs between the prescriber and reviewer. Dr. Farrakhan explained that the prescriber must make a phone call or fill out the fax form.

Dr. Mackowick then asked Mr. Alexandrou to address old business items. Mr. Alexandrou addressed three recommendations made to DHMH from the previous meeting. The first recommendation was to extend the step therapy look back period for antipsychotics from its current 120 days to two years. The second was to form a subcommittee to work on recommendations for the Department to allow psychiatrists to bypass the prior authorization process for mental health drugs. The third recommendation was to include the number of denied prior authorizations for antipsychotics in the report presented to the committee by Xerox. The first two recommendations were not accepted and third recommendation was accepted.

Dr. Mackowick stated that there were 22 classes that had no recommended changes from the existing PDL. Dr. Mackowick notified the committee that in accordance with the conflict of interest policy, Dr. Pinto would recuse himself from the inhaled antibiotics class review and Dr. Miller would recuse himself from the lipotropic, statins and pancreatic enzymes class reviews. All 22 classes were approved with no recommended changes.

Immediately following were reviews of classes with modified recommendations from the existing PDL and single drug reviews. Dr. Mackowick notified the committee that in accordance with the conflict of interest policy, Dr. Miller would recuse himself from the androgenic agents, the angiotensin modulators, the antiemetic/antivertigo agents, the calcium channel blockers and the lipotropics, other class reviews. The following table reflects the voting results for each of the affected therapeutic categories:

Class	Voting Result
Analgesics, Narcotics (Long Acting)	Maintain current Preferred agents: generics (fentanyl patch, methadone, morphine sulfate SR), Kadian
Angiotensin Modulator Combinations	Maintain current Preferred agents: generics (amlodipine/benazepril), Azor, Exforge, Exforge HCT, Tribenzor
Antibiotics, Inhaled	Maintain current preferred agents: Tobi
Antibiotics, Topical	Maintain current preferred agent: generics (bacitracin OTC, bacitracin/polymyxin OTC, gentamicin, mupirocin ointment, triple antibiotic OTC)
Anticoagulants	Maintain current preferred agents: generics (warfarin), Fragmin, Lovenox
Antifungals, Oral	Maintain current preferred products: generics (fluconazole, griseofulvin ultra, ketoconazole, nystatin, terbinafine)
Antifungals, Topical	Maintain current Preferred agents: generics (clotrimazole (Rx and OTC), clotrimazole/betamethasone, econazole, ketoconazole cream, ketoconazole shampoo, miconazole OTC, nystatin, nystatin/triamcinolone, terbinafine OTC, tolnaftate OTC)
Anti-Migraine Agents	Maintain current Preferred agents: generics (sumatriptan), Relpax

Class	Voting Result
Antivirals, Topical	Maintain current Preferred agents: Abreva OTC, Denavir, Zovirax ointment
Benign Prostatic Hyperplasia	Maintain current Preferred agents: generics (alfuzosin, doxazosin, finasteride, tamsulosin, terazosin)
Cephalosporin and Related Agents	Maintain current Preferred agents: generics (amoxicillin/clavulanate, cefaclor, cefaclor ER, cefadroxil, cefdinir, cefuroxime, cefprozil, cephalexin) Suprax tablets and suspension
Colony Stimulating Factors	Maintain current Preferred agents: Neupogen
Erythropoietins	Maintain current Preferred agents: Aranesp, Procrit
Fluoroquinolones	Maintain current Preferred agents: generics (ciprofloxacin, levofloxacin)
Growth Hormones	Maintain current Preferred agents: Genotropin, Norditropin, Nutropin, Nutropin AQ
Hypoglycemics, Meglitinides	Maintain current Preferred agents: generics (nateglinide), Prandin
Immunosuppressives, Oral	Maintain current Preferred agents: generics (azathioprine, cyclosporine modified, mycophenolate mofetil, tacrolimus), Rapamune, Sandimmune
Lipotropics, Statins	Maintain current Preferred agents: generics (atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin), Lescol XL, Simcor
Macrolides/Ketolides	Maintain current Preferred agents: generics (azithromycin, erythromycin base), E.E.S., Ery-Tab, EryPed, Erythrocin
Platelet Aggregation Inhibitors	Maintain current Preferred agents: generics (clopidogrel, dipyridamole, ticlopidine), Aggrenox
Pulmonary Arterial Hypertension Agents	Maintain current Preferred agents: generics (sildenafil), Adcirca, Letairis, Tracleer, Ventavis
Pancreatic Enzymes	Maintain current Preferred agents: generics (pancrelipase), Creon, Zenpep

Class	Voting Result
Acne Agents, Topical	<p>Remove: benzoyl peroxide kit, benzoyl peroxide towelette, clindamycin foam, SSS10-4, sulfacetamide/sulfur, sulfacetamide/sulfur/urea, Retin-A Micro Pump</p> <p>Other Preferred Agents: generics (benzoyl peroxide cleanser, benzoyl peroxide gel, clindamycin, erythromycin, panoxyl-8 OTC, tretinoin), Azelex, Desquam-X OTC, Differin, Retin-A, Retin-A Micro</p>
Analgesics, Narcotics (Short Acting)	<p>REMOVE: codeine solution, dihydrocodeine/apap/caffeine, hydromorphone suppositories, morphine suppositories, Roxicodone tablets, Zydone</p> <p>Other Preferred Agents: apap/codeine, butalbital/apap/codeine/caffeine, butalbital/asa/codeine/caffeine, codeine tablets, hydrocodone/apap, hydrocodone/ibuprofen, hydromorphone tablets, morphine sulfate tablets, oxycodone, oxycodone/apap, oxycodone/asa, pentazocine/apap, pentazocine/naloxone, tramadol, tramadol/apap</p>
Androgenic Agents	<p>ADD: Testim</p> <p>REMOVE: Androderm</p> <p>Other Preferred Agents: Androgel</p>
Angiotensin Modulators	<p>ADD: irbesartan, irbesartan/HCTZ</p> <p>Other Preferred Agents: generics (benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, losartan, losartan/HCTZ, quinapril, quinapril/HCTZ, ramipril, valsartan/HCTZ), Diovan</p>

Class	Voting Result
Antibiotics, GI	<p>ADD: Vancocin</p> <p>REMOVE: vancomycin capsules</p> <p>Other Preferred agents: generics (metronidazole tablets, neomycin), Alinia</p>
Antibiotics, Vaginal	<p>REMOVE: Vandazole</p> <p>Other Preferred agents: generics (clindamycin, metronidazole vaginal), Cleocin, MetroGel</p>
Antiemetic/Antivertigo Agents	<p>REMOVE: Metozolv ODT</p> <p>Other Preferred Agents: generics (dimenhydrinate, dimenhydrinate OTC, meclizine, meclizine OTC, metoclopramide, ondansetron, prochlorperazine, promethazine) Emend, Marinol, TransDerm Scop</p>
Antiparasitics, Topical	<p>REMOVE: malathion</p> <p>Other Preferred Agents: generics (permetherin, permetherin OTC, piperonyl/pyrethrins OTC, piperonyl/pyrethrins/permethrin OTC) Eurax cream</p>
Antivirals, Oral	<p>REMOVE: Valtrex</p> <p>Other Preferred Agents: generics (acyclovir, amantadine, rimantadine, valacyclovir)</p>
Beta Blockers	<p>ADD: Toprol XL</p> <p>REMOVE: acebutalol, bisoprolol, metoprolol XL, metoprolol/HCTZ, nadolol/bendroflumethiazide, timolol</p> <p>Other Preferred Agents: generics (atenolol, atenolol/chlorthalidone, bisoprolol/hctz, carvedilol, labetalol, metoprolol, nadolol, pindolol, propranolol, propranolol/HCTZ, sotalol)</p>
Bladder Relaxant Preparations	<p>ADD: oxybutynin ER</p> <p>REMOVE: Vesicare</p> <p>Other Preferred Agents: generics (oxybutynin) Toviaz</p>

Class	Voting Result
Bone Resorption Suppression and Related Agents	<p>ADD: Fortical</p> <p>REMOVE: Miacalcin</p> <p>Other Preferred Agents: generics (alendronate)</p>
Calcium Channel Blockers	<p>ADD: Cardizem LA</p> <p>REMOVE: diltiazem ER, felodipine ER, isradipine</p> <p>Other Preferred Agents: generics (amlodipine, diltiazem, nicardipine, nifedipine ER, verapamil, verapamil ER)</p>
Hepatitis C Agents	<p>ADD: Pegasys Proclick</p> <p>Other Preferred Agents: generics (ribavirin) Pegasys, Peg-Intron, Incivek, Victrelis</p>
Hypoglycemics, Incretin Mimetics and Enhancers	<p>ADD: Janumet XR, Juvisync</p> <p>REMOVE: Onglyza, Kombiglyze XR</p> <p>Other Preferred Agents: Byetta, Januvia, Janumet, Jentaducto, Tradjenta, Symlin</p>
Hypoglycemics, Insulins	<p>ADD: Levemir</p> <p>Other Preferred Agents: Humalog, Humulin, Lantus, Novolin, Novolog</p>
Hypoglycemics, TZDs	<p>REMOVE: pioglitazone/metformin, ActosPlusMet, Duetact</p> <p>Other Preferred Agents: generics (pioglitazone, pioglitazone/glimepiride)</p>
Lipotropics, Other	<p>ADD: Tricor</p> <p>REMOVE: fenofibrate nanocrystals</p> <p>Other Preferred Agents: generics (cholestyramine, gemfibrozil) Niacor, Niaspan ER, Trilipix</p>

Class	Voting Result
Multiple Sclerosis	ADD: Avonex pen Other Preferred Agents: Avonex, Betaseron, Copaxone, Rebif
Phosphate Binders	ADD: calcium acetate REMOVE: Eliphos, Renagel, Renvela Other Preferred Agents: Calphron OTC, Phoslo
Proton Pump Inhibitors	REMOVE: omeprazole OTC Other Preferred Agents: generics (lansoprazole, lansoprazole OTC, omeprazole, pantoprazole) Prevacid Solutab, Protonix suspension
Skeletal Muscle Relaxants	REMOVE: carisoprodol 250mg, carisoprodol compound, orphenadrine compound Other Preferred Agents: generics (baclofen, carisoprodol, chlorzoxazone, cyclobenzaprine, dantrolene, methocarbamol, orphenadrine, tizanidine tablets)
Tetracyclines	REMOVE: doxycycline hyclate DR Other Preferred Agents: generics (doxycycline hyclate, doxycycline monohydrate, minocycline, tetracycline)
Ulcerative Colitis	REMOVE: Apriso Other Preferred Agents: generics (balsalazide, sulfasalazine, sulfasalazine DR) Asacol

Single Drug Reviews	Voting Result
Antidepressants, Other	DO NOT ADD: Forfivo XL
COPD Agents	DO NOT ADD: Tudorza Pressair
Cytokine and CAM Antagonists	DO NOT ADD: Xeljanz

Single Drug Reviews	Voting Result
Neuropathic Pain	DO NOT ADD: Lyrica Solution
Ophthalmics, Anti-Inflammatories	DO NOT ADD: Ilevro, Lotemax Gel
Stimulants and Related Agents	DO NOT ADD: Quillivant XR, Kapvay ER Dose Pack

~ The State will continue to monitor the pricing of generic drug products (both new and existing) and continues to maintain autonomy to modify or adjust the PDL status of multi-source brands and/or generic drugs that may become necessary as a result of fluctuations in market conditions (e.g. changes in Federal rebates, supplemental rebates, etc.).

During the class review of the Bladder Relaxant Preparations, Dr. Boronow asked if there were any preferred products that had no anticholinergic properties. Dr. Lennertz clarified that there were no preferred products without anticholinergic properties but that the non preferred product without anticholinergic properties is without proven superior efficacy and could be obtained through the prior authorization process. After the clarification, the class was approved. During the class review of the Multiple Sclerosis Agents, Dr. Boronow asked if the new oral agents could be obtained through the prior authorization process and Dr. Lennertz affirmed that they could be obtained through the process. During the class review of the Phosphate Binders, Dr. Pinto commented that Renvela has a significant market share possibly driven by Johns Hopkins and that it may be difficult to shift it to the other drugs in the class.

Following the discussion of the classes for review, Dr. Mackowick motioned for the approval of the revised Standard Operating Procedures for the Committee which was included in the meeting materials and the revised document was approved. Dr. Mackowick also asked for volunteers for chairperson and vice chairperson. Dr. Steele-Wyatt volunteered for chairperson and Dr. Chambers volunteered for vice chairperson and both were elected. After the election, Dr. Pinto asked why Tobi Podhaler was not included in the Inhaled Antibiotics class review and Dr. Lennertz informed him that it did not come to the market in time for the meeting and will be included in the next meeting.

The next meeting is scheduled for November 7th, 2013. With no further business, the public meeting adjourned at 11:03 a.m.